

| POSITION                  | INITIALS | ID NO. | DATE       |
|---------------------------|----------|--------|------------|
| FEES DETERMINATION        | SJS      | 59     | 01/04/2000 |
| O.I.P.E. CLASSIFIER       |          |        | 11/00      |
| FORMALITY REVIEW          | TDZ      | 70014  | 11/27/2000 |
| RESPONSE FORMALITY REVIEW |          | CS:ST  | 01/17/2001 |

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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